1.0 Introduction

The Long-Term Care Homes Common Assessment Project of the Ministry of Health and Long-Term Care (MOHLTC) coordinated the implementation of the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) tool, (“the Tool”), in all long-term care homes (LTCHs). This is an automated assessment tool that was developed by interRAI to provide a standardized and inter-disciplinary approach to care planning and funding.

The Tool helps care providers develop individualized care plans based on assessments of residents’ strengths, limitations, and preferences. It gathers the assessment information from each member of the care team and provides triggers to indicate when additional assessments are required for more complex clinical conditions. The quality indicators built into the instrument can also be used by LTCHs to benchmark their results and monitor standards and quality of care.

The Tool aims to assist LTCHs in:

- producing standardized assessments and individualized care plans;
- flagging potential concerns and complex care needs in a timely fashion and to encourage resident and (where appropriate) family, involvement in care;
- critical decision-making and better analysis of care by care providers;
- supporting an interdisciplinary approach to care planning and strengthening team communications;
- allowing administrators to have better information for care process enhancement, quality improvement and benchmarking; and
- enhancing the availability of consistent and comprehensive data that can be used for province-wide benchmarking, policy development, care planning, and funding.

Effective April 1, 2013 (subject to the footnote below), this Policy:

- replaces any existing transfer payment accountability agreement that was in place between the MOHLTC and a LTCH in respect of funding for RAI-MDS implementation (a “RAI-MDS Transfer Payment Agreement”).

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1 Despite the general effective date of April 1, 2013, identified above:
(a) this Policy is effective as of January 1, 2012 with respect to eligible LTCHs that previously did not have a RAI-MDS Transfer Payment Agreement as of April 1, 2013; and
(b) for eligible LTCHs that had a RAI-MDS Transfer Payment Agreement as of April 1, 2013, but did not receive funding for the full number of eligible beds in the LTCH, due to change in the number of eligible beds in the LTCH as determined by MOHLTC during that period, MOHLTC may adjust the RAI-MDS Sustainability Funding payable to the LTCH for the period from January 1, 2012 to April 1, 2013, so that the RAI-MDS Sustainability Funding received by the LTCH will be the equivalent as if this Policy applied to the LTCH during that period, as determined by MOHLTC.
Any such agreement will however, continue to apply in respect of funding for the period before that date; and

- is deemed to be the primary Applicable Ministry Policy Document with respect to the RAI-MDS transfer payment program in Schedule A of the Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (Direct Funding Agreement or "DFA") that every LTCH is party to with the MOHLTC.

This Policy reflects a more efficient payment process as it will allow the MOHLTC to automatically adjust RAI-MDS funding when there is a change in the number of operating beds at a LTCH and when a new LTCH opens and enters a DFA.

2.0 Purpose and Scope of Funding

Funding under this Policy is provided to each eligible LTCH to support the implementation of the Tool, sustain its continued operation, and pay for the salaries and benefits of the RAI-MDS Coordinator position, as follows:

(a) Implementation of the Tool

Eligible LTCHs receive one-time funding for costs incurred for the following purposes or items where the purpose or item is directly related to and necessary for the initial implementation of the Tool:

1. Hardware such as computers, printers and internet infrastructure;

2. Procuring and operating RAI-MDS software that meets the Canadian Institute for Health Information (CIHI) reporting requirements, and that has the capability to produce the following, for the purpose of meeting the obligations of the LTCH with respect to use of the Tool:

   (a) Resident Assessment Protocols (RAPs);
   (b) individual resident care plans;
   (c) data submissions;
   (d) quality indicators and reports;
   (e) outcome measures;
   (f) resource utilization groupings; and
   (g) submission of resident assessment data for reporting.

3. Salaries and benefits for the RAI-MDS Coordinator position

4. Administrative and information technology support;

5. Staff support and software vendor trouble shooting; and

6. Data quality management set-up.

(b) Continued operation of the Tool

Eligible LTCHs receive ongoing sustainability funding to:

1. Use the Tool in the LTCH, including maintaining the necessary hardware and software;

2. Use the Tool in accordance with the CIHI training materials and processes;
3. Comply with the following as may be amended from time to time:
   (i) the RAI-MDS 2.0 User Manual;
   (ii) the RAI-MDS Practice Requirements; and
   (iii) all applicable MOHLTC requirements relating to RAI-MDS;
   (iv) all applicable local health integration network (LHIN) requirements relating to RAI-MDS, including requirements set out in the service accountability agreement between the LTCH and the LHIN (L-SAA), which include requirements applicable to the collection, use and reporting of RAI-MDS data.

4. Pay for salary and benefits costs associated with the fulfillment of its obligations as set out in 1, 2 and 3 above:
   (i) by maintaining a position for one or more RAI-MDS Coordinators who meet the requirements and fulfill the responsibilities described in the Role Description as outlined in Appendix A and who receive the training and complete the evaluations set out in section 3.0 below; and
   (ii) where additional sustainability funding is available after fulfilling clause (i) immediately above,
       • by creating and maintaining net new nursing full-time equivalent positions in the LTCH to assist the RAI-MDS Coordinator; and/or
       • by increasing regulated nursing staff hours, for the purpose of providing assistance to the RAI-MDS Coordinator(s) where the person(s) assisting the RAI-MDS Coordinator(s) has complied with any applicable requirements under section 3.0.

3.0 Training Requirements

Each LTCH must ensure that the RAI-MDS Coordinator(s) and any person assisting the RAI-MDS Coordinator to perform RAI-MDS function, receives the training and completes the evaluations required under this section 3.0, and is competent to fulfill their functions with respect to RAI-MDS.

Each RAI-MDS Coordinator(s) and any person assisting the RAI-MDS Coordinator to perform RAI-MDS function must receive the required training from CIHI to implement the Tool. LTCHs may contact the education desk at CIHI to obtain a copy of the RAI-MDS 2.0 User Manual. The required RAI-MDS training is provided by CIHI at no cost and is outlined in CIHI’s “Education Roadmap to Excellence in Home and Continuing Care” document. In addition, the LTCHs must ensure that the RAI-MDS Coordinator(s) completes the self-study training course on RAPs that is also offered by CIHI.

Each LTCH must ensure that the RAI-MDS Coordinator(s) and any person assisting the RAI-MDS Coordinator to perform the RAI-MDS function complete the RAI-MDS proficiency evaluations on an annual basis.

The MOHLTC may establish additional training requirements under this Policy and for this purpose may arrange for access to web-based training for use within the LTCH. Each LTCH must comply with these additional training requirements.

4.0 Funding Methodology

The MOHLTC will provide the LTCH one-time start-up funding for the purpose of carrying out the implementation of the Tool in accordance with section 2.0(a) above and provide the LTCH with sustainability funding for the purpose of maintaining the continued operation of the Tool in the LTCH in accordance with section 2.0(b) above.
a) One-Time Start-Up Implementation Funding

MOHLTC will calculate maximum one-time implementation funding based on the following funding methodology using the number of operating beds in the LTCH as determined by MOHLTC:

1. $250 per bed, with a minimum of $10,000 per home on an annualized basis.

b) RAI-MDS Coordinator Sustainability Funding

MOHLTC will calculate maximum sustainability funding annually based on the number of operating beds in the LTCH, as determined by MOHLTC, through the following funding methodology:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Bed Count</th>
<th>Funding Methodology</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;= 64 Beds</td>
<td>$40,000 per bed</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>65 to 256 Beds</td>
<td>Per Bed</td>
<td>To Max</td>
</tr>
<tr>
<td></td>
<td>First 80 Beds</td>
<td>$625</td>
<td>$50,000</td>
</tr>
<tr>
<td></td>
<td>Plus, up to next 48 Beds (81 to 128)</td>
<td>$500</td>
<td>$74,000</td>
</tr>
<tr>
<td></td>
<td>Plus, up to next 128 Beds (129 to 256)</td>
<td>$150</td>
<td>$93,200</td>
</tr>
<tr>
<td>3</td>
<td>=&gt; 257 Beds</td>
<td>$364 each</td>
<td></td>
</tr>
</tbody>
</table>

MOHLTC will calculate the RAI-MDS Sustainability Funding annual funding in accordance with only one of the above three scenarios (1, 2 or 3), based on the weighted average of the licensed/approved beds in operation for the period reconciled, where the weighted average of licensed/approved beds in operation equals the sum of the following divided by the lesser of 365 days (366 days if leap year) or the number of days during which beds were operational during January 1 to December 31:

I. The sum of the maximum resident days (as defined in the LTCH Occupancy Targets Policy, July 1, 2010 the “Policy”) starting from later of January 1 or operational start date to earlier of December 31 or end date,

   plus

II. The sum of the maximum Convalescent Care resident days (as defined in the Policy) starting from later of January 1 or operational start date to earlier of December 31 or end date,

   plus

III. The sum of the maximum Interim Short-Stay resident days (as defined in the Policy) starting from later of January 1 or operational start date to earlier of December 31 or end date.

The LTCH’s actual costs, per section 2.0(b), shall be reconciled by way of the LTCH’s Annual Report against the LTCH’s annual allocation to be determined under this section 4.0(b), and any unused funding shall be recovered by MOHLTC in accordance with applicable MOHLTC policy, including the current Reconciliation and Recovery Policy or successor policy applicable to the funding period.
5.0 **Implementation**

5.1 To be eligible for funding under this Policy, a LTCH must have a signed DFA with MOHLTC, and comply with all applicable requirements.

5.2 MOHLTC will adjust the funding for the LTCH under this Policy where the operating bed capacity of the LTCH changes, as determined by MOHLTC in accordance with MOHLTC application of section 4 of this Policy.

5.3 Payments by MOHLTC under this Policy are made on or about the twenty-second (22nd) day of the month following which the MOHLTC determines the amount of funding payable, subject to applicable conditions and requirements.

6.0 **Reporting Requirements and Accountability for Funding**

6.1 Funding provided under this Policy may be used only for expenditures within the purpose and scope described in section 2.0.

6.2 Annual Staffing Survey Reporting Requirements

Each LTCH must report the number of RAI-MDS coordinators in the MOHLTC’s annual staffing survey.
Appendix A: RAI-MDS Coordinator Role Description

Every Long-Term Care Home implementing RAI-MDS will select a regulated or licensed health care practitioner for the role of RAI-MDS Coordinator. An outline of requirements, qualifications and responsibilities follows:

Requirements
- Current regulated or licensed health care practitioner, (including a social worker), who is registered/licensed to practice as such in Ontario.
- A minimum of three years clinical, project leadership or management experience
- Internal staff member who knows the interdisciplinary team members and is familiar with Home policies on assessment and care planning processes preferred

Recommended Qualifications
- Demonstrated interest in the RAI-MDS Coordinator role
- Proven ability to get things accomplished
- Demonstrated success leading new initiatives
- Well-developed oral and written communication skills
- Knowledge and experience with adult education strategies/facilitation
- Previous experience presenting to groups
- Well organized, with excellent time management skills
- Clear aptitude for detail-oriented work
- The ability to work with and relate to interdisciplinary team members and other internal stakeholders
- Strong problem solving abilities
- Proficient computer skills

Responsibilities
- Attending all education sessions
- Participating in the planning and organizing of the RAI-MDS process implementation
- Monitoring and providing on-site support to all RAI-MDS users in the LTCH
- Communicating regularly with the RAI-MDS users and management team
- Providing RAI-MDS education and computer application training to all RAI-MDS users
- Ensuring a resident assessment schedule is developed, completed, current and accessible to all RAI-MDS users in the LTCH
- Assisting RAI-MDS users to correctly code assessments and providing support for validation of coding
- Working with RAI-MDS users to develop processes that ensure data accuracy, efficient data collection process, assessment completion and data utilization
- Overseeing the RAI-MDS process according to applicable policies, law and agreements, Standards of Practice, and interRAI requirements (see CIHI User's Manual)
- Ensuring RAI-MDS assessments, resident assessment protocols and care planning are completed accurately in a timely manner
- Liaising with applicable software vendor/representatives to develop a training plan for RAI-MDS users on the computer application
- Providing on-site computer application support to all RAI users in the Home
- Overseeing the development and co-ordination of the data submission process
- Attending the Data Submission Web-Ex training by CIHI
- Reviewing, preparing, and submitting RAI-MDS data quarterly to CIHI
- Generating and reviewing RAI-MDS Output Reports with the leadership team, front line staff and PSWs and facilitating their use in clinical and operational decision-making
- Providing ongoing leadership for education, data accuracy, data submission and computer applications of RAI-MDS